

MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Physician Information Bulletin #2

NEWS & NOTES

APPLICATION REVIEW WORKSHOPS PLANNED

This is an opportunity for applicants to bring partially or completed Uncompensated Care and On-call applications for MHCC staff review and quidance.

SUBURBAN HOSPITAL The Atrium, 2nd floor April 22nd, 1 – 3pm

MHCC Public Meeting Room in Baltimore April 26th, 1 – 3pm

ROBINWOOD MEDICAL CENTER, Room 122 April 28th, 1 – 3pm

Guidance

Policy

MHCC

- ♦MHCC to award auditing contract in March 2004 for uncompensated care and on-call application audits to begin in June.
- ♦Uncompensated Care & On-Call applications for services provided between October 1, 2003 & March 31, 2004 can be submitted between April 1st and April 31st.
- Maryland Medicaid paid the first Maryland Trauma Physician Services Fund claim in January.
- **♦MVA** collected approximately \$6.1 million for the Fund as of February.



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MHCC Policy Guidance

Collection Policies & Procedures Best Practice Recommendations

◆ Trauma physicians are required to use their established collections policies and procedures for collecting payment for uncompensated care before submitting an application to the Fund. MHCC encourages trauma physicians to include at least two 30-day billing cycles and 30-days with a collection agency before submitting an application to the Fund. There is an exception to the rule for situations where the patient is considered to be a "John/Jane Doe" and the collection process is waived.

Uncompensated Care:

- 1. Care provided by a trauma physician to a patient on the State Trauma Registry.
- 2. Care provided to a trauma patient with no health insurance (HMO, PPO, or indemnity), including Part B Medicare coverage, VA health benefits, military health benefits (CHAMPUS or TriCare), or Worker's Compensation Coverage.
- 3. Care provided to a trauma patient not eligible for Medical Assistance Program (Medicaid) coverage (traditional and managed care).
- 4. Care provided by a trauma physician where no payment was made after documented attempts by trauma physician to collect payment.

EXAMPLE: A critical care physician at a Level III trauma center provides treatment to an uninsured patient involved in a car crash. After determination that the patient is a trauma case, a Trauma Registry Number is assigned by the center's Trauma Coordinator. The physician's billing office sends a bill to the patient for services rendered allowing 30-days for payment. Patient does not respond. Another bill is then sent to the patient on the next billing cycle. Again no response. According to the documented office billing policy, the physician then forwards the unpaid claim to a collection agency. After 30 days with a collection agency no payment is received. The physician has met the suggested criteria for submitting an Uncompensated Care application.

QUESTION: Do I need to go through a collection agency before submitting an Uncompensated Care application?

ANSWER: No, but you must document when a collection agency is not used, and apply this policy consistently for your uncompensated care patients.